

Courier- place bar code sticker here



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CALL FAX

STAT

PATIENT INFORMATION Please Provide All Information below (Name on Requisition MUST Match Name on Specimen EXACTLY!)
FOR LAB USE ONLY
LAB ID:
RCV'D TIME/DATE:
SPECIMENS RCV'D
Tissue
Nail(s)
Hair
Scrapings
Fluid
Sterile container, no additive
Sterile container with moistened gauze
Sterile container with saline
10% buffered formalin container
DIF: Michel's media or Zeus solution
ExCell Plus container
eSwab
RPMI Preservative

Pt History: to include ultrasound characteristics:

Specimens collected: Air Dried Slides, ETOH Fixed Slides, 15 ml in Cytorich, 15 ml RPMI, Culture tube, RNA Retain vial
Fine Needle Aspiration Procedure
If performed by PLA Pathologist complete this section
Name:
FNA Evaluation Adequacy X
Adequate Evaluation /DX

Fine Needle Aspirate
Cytotech:
Pathologist:

Source: Thyroid Nodule Location
[] Right [] Left
[] Upper Size [] Upper Size
[] Middle Size [] Middle Size
[] Lower Size [] Lower Size
[] Isthmus Size [] Isthmus Size

Source Other:

Orders:
[] Routine Cytology (Orders Cyto in Millennium)
[] Routine Cytology, Reflex to ThyGenx , (Order Cyto in Millennium) Rflx Thyramir
[] Flow
[] Flow for Lymphoma (Orders Flow Tiss in Millennium)
[] Flow for Myeloid Leukemia(Orders Flow Tiss in Millennium)
[] Cultures- No Preservatives; Source: [] Aerobic [] Anaerobic [] Fungal

Physician authorizes PLA to perform all appropriate laboratory services related to this specimen(s) and to bill payor/patient as directed.